FAQs:

Potential Termination Cigna Healthcare Contract with Providence Health System

March 22, 2024

Cigna Healthcare (Cigna): Is one of a variety of health plans available to County Employees and Retirees. The County offers two Cigna health plans: Cigna Choice and Cigna Select.

Providence Health Southern California (Providence): Is a health care system operating a network of eleven hospitals across Southern California as well as multiple medical clinics and affiliated health services.

SECTION A. WHAT IS THE ISSUE

Cigna and Providence Health Southern California are currently negotiating a contract renewal. On March 8, 2024 Cigna sent letters (dated 02-26-2024) to County Employees and Retirees enrolled in either Cigna Choice or Cigna Select advising of a possibility that the contract between Cigna and Providence may terminate effective June 1, 2024. If Cigna does not reach a new agreement with Providence, then Providence's hospitals, facilities, and certain doctors will no longer be in-network, and **starting June 1, 2024 would move to out-of-network**.

A1. Why did Cigna send out letters regarding a Potential Termination?

Cigna is required by the California Department of Managed Health Care (DMHC) and the Department of Insurance (DOI) to issue letters to members at least 60 days prior to the contract termination. In this letter, Cigna is advising you that your current provider (Providence) may leave the Cigna Network starting June 1, 2024. If this occurs, Providence will be out of the Cigna Network, and you would have to pay 100% of the costs incurred by Providence providers. There are some limited exceptions, requiring advance approval, see Section C. Continuity of Care.

A2. Can the June 1, 2024 contract termination date be extended?

Cigna and Providence could possibly extend the contract termination date beyond June 1, 2024; however, at this time the County is not aware of any extension.

SECTION B. WHAT DO I NEED TO DO

B1. If the contract terminates and Providence moves from "in-network" to "out-ofnetwork" how is my coverage impacted?

The County's Cigna plans do not have out-of-network coverage. Therefore, if the Cigna and Providence contract is terminated, Providence would be considered "out-of-network" and you would have to pay 100% of the cost. There are some limited exceptions, requiring advance approval, see Section C. Continuity of Care.

B2. Can I select another provider in the Cigna Network?

Yes, the Cigna Letter encourages individuals impacted by this change to select another in-network provider. At any time, you can call Cigna Customer Service at (800) 244-6224 or log onto www.mycigna.com and select a new in-network PCP.

B3. How do I find a provider in the Cigna Network?

Contact Cigna Customer Service or by logging onto <u>www.mycigna.com</u> anytime (24 hours a day, 7 days a week) at (800) 244-6224. Cigna Customer Service Advocates will help find an in-network provider in your area. The Cigna Customer Service Advocates can help with transitioning other parts of your care, including new referrals, prescriptions, and Continuity of Care eligibility. If you need additional assistance, you may also email Paul Lopez-Wood, our dedicated County of Orange Cigna representative, at <u>YourCountyBenefits@cigna.com</u>.

B4. What happens if I do not select a Cigna Network provider?

If Providence leaves the Cigna Healthcare Network, you will receive a letter advising you of your newly assigned Primary Care Provider (PCP). At any time, you can call Cigna Customer Service at (800) 244-6224 or log onto <u>www.mycigna.com</u> and select a new in-network PCP.

B5. Is Providence the only network option for members enrolled in the County's Cigna Select Program?

No, Memorial Care and Hoag are two healthcare systems that are also part of the Cigna Select Network.

B6. If the contract is actually terminated, will the County allow me to change my health plan from Cigna to another County health plan? If yes, can I wait and change when my Continuity of Care eligibility period ends?

Continuation of Care only authorize a specific procedure, timeframe, or number of visits for the specific care that requires continuation. All services outside of that condition will not be covered. Because of this you will need to elect a new PCP through a different medical group if you decide to stay with the Cigna Select HMO, or if you are switching to another plan you would want to do that as soon as possible to establish a new relationship with the provider of your choosing, in order to receive all other care.

SECTION C. CONTINUITY OF CARE (COC)

C1. What is Continuity of Care (COC)?

The COC program allows for continued in-network coverage for certain medical and behavioral treatment for a defined period of time even after Providence leaves the Cigna Network. Applications are reviewed on a case-by-case basis. In certain instances, if care was authorized before June 1, 2024, members may be able to receive in-network coverage for care from the hospital and/or provider for up to ninety (90) days. The ninety-day period begins June 1, 2024. Other COC coverage may extend beyond the 90 days, for example, if a member is pregnant and undergoing a course of treatment for pregnancy through the postpartum period on June 1, 2024, they may be able to continue to receive care from the hospital and/or provider for the remainder of the pregnancy, and through postpartum care.

C2. Where can I find out more about COC and I determine if I qualify?

An application is required to be submitted to determine eligibility for COC. Contact the Cigna Customer Service Advocates at (800) 244-6224 (24 hours a day, 7 days a week). The Advocates will work with you to determine eligibility for COC. You can also access the COC Brochure and application by following these steps:

- 1. Go to myCigna.com
- 2. Scroll to bottom of the page and click Find a Form
- 3. Select Medical, and then choose Transition of Care/Continuity of Care Form

Or

Visit <u>https://campaigns.cigna.com/countyoforange/enrollment</u>, where the form is available in the tools and resources section at the bottom right of the page.

C3. If Cigna reviews my application and determines I am eligible for COC, is Providence still considered in-network for all Cigna covered healthcare services, even those unrelated to the condition that qualified me for the COC?

No, the COC is only good for the condition on the application. The COC will typically authorize a specific procedure, timeframe, or number of visits. All services outside of that condition will not be covered. Providence will not be considered innetwork, but Cigna will pay for services at the in-network level for approved COC.

SECTION D. HOSPITALIZATION, EMERGENCY ADMISSIONS, & URGENT CARE

D1. If the contract terminates, what if I am admitted to the hospital before the termination date.

If the hospital services were approved, eligible services will be covered at the innetwork benefit level, even if the stay extends beyond the contract termination date.

D2. What if I receive Emergency Care at Providence Health System after the contract terminates?

Eligible out-of-network emergency services are covered at the in-network benefit level as defined in plan documents. If admitted to the hospital from the out-of-network emergency room, eligible out-of-network hospital services will be covered at the innetwork level until member is stable and ready to be transferred to an in-network hospital.

D3. What are Urgent Care Impacts to Contract Termination?

As of the contract termination date, each member must receive care from providers and facilities within their PCPs medical group to be considered in-network.

You are encouraged to contact the Cigna Customer Service Advocates at (800) 244-6224 (24 hours a day, 7 days a week) to select a new in-network PCP, discuss Continuity of Care, and get answers to any questions related to your Cigna coverage.